



BALTIMORE CITY
DEPARTMENT OF HUMAN RESOURCES

EOE / M / F / H

APPLICATION FOR EXAMINATION

201 EAST BALTIMORE STREET, BALTIMORE, MD 21202
(410) 396-3860 For Hearing Impaired: TTY (410) 396-4930

DIRECTIONS

1. Read the examination announcement carefully to be sure that you have the minimum qualifications needed for this position.

2. Complete the application and return it before the filing deadline. If some information is missing or incomplete when you file, you will have ac chance to supply the needed information. PLEASE PRINT OR TYPE YOUR RESPONSES.

3. Use the REMARKS section on the back to: (a) describe special skills and achievements, (b) account for time periods in the WORK EXPERIENCE section when you were not working or in school and (c) to show where you prefer to work.

4. Attach a one or two page resume ONLY if it provides information not shown in your completed application. Do not attach resumes longer than two pages or copies of diplomas or trade school certificates.

If you submit a resume to supplement your work history, you must still answer the questions on this form about present and previous employers, location, job titles, dates worked and reason for leaving. (see sample on work experience page)

1. POSITION TITLE

2. NAME

(Last)

(First)

(Initial)

3. STREET ADDRESS

4. CITYSTATEZIPCODE

5. HOME PHONE

(Area. Code)

BUSINESS PHONE

(Area Code)

6. RESIDENCE: Are you a resident of Baltimore City?
If not, would you move into the City if employed?

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

7. STATUS: Would you accept a temporary appointment?
Part-time appointment?
Shift work?

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

8. SOCIAL SECURITY NUMBER

-

-

(REQUIRED)

9. EDUCATION: Circle **highest** grade completed. 7 8 9 10 11 12 GED | DEGREE RECEIVED: Associate's Bachelor's Master's

ACCREDITED UNIVERSITY OR COLLEGE TRADE SCHOOL	ADDRESS	MAJOR	DATES ATTENDED		No of Credits	DEGREE TITLE	DATE
			From	To			

LICENSES OR CERTIFICATES: Indicate any driver's license, trade license, professional registration or certificate that you have which are job-related.
Driver's license:

STATE	CLASS	TYPE	NUMBER	EXP. DATE

Trade or professional license or certificate:

DOCUMENT	ISSUED BY AND DATE	NUMBER	EXP. DATE

FOR OFFICE USE ONLY			
ACTION TAKEN	APP	REJ	DATE
Minimum Qualifications			
Line of Promotion			
Veterans Preference			
Disability Preference			
Provisional Appointment			
City Resident Preference			
Filing Date			

28-1408-5158

140049-54

Rev. 02/03

Under Maryland Law, and employer may not require or demand any applicant for employment or prospective employment to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

I affirm that to the best of my knowledge and belief this application contains no false or misleading statements. I am aware that statements are subject to investigation. Discovery of false or misleading statements will be cause for rejection of my application and the removal of my name from the list of eligibles for this job. If I am hired, subsequent discovery of falsification may result in my immediate termination without regard to my performance, experience or years of employment with the City of Baltimore. I am also aware that falsification of this application is punishable by law. I acknowledge that my employment with the City of Baltimore Government is contingent upon the results of the required Pre-Placement Physical Evaluation and/or Drug Screening Test and that a background check may be performed by the City of Baltimore Government prior to employment.

(Sign in Ink)

(Date)

CURRENT CITY EMPLOYEES ONLY: Original Entry Date _____

Present Class Title _____ Department No. _____

Last Promotion Date _____ Bureau/Division _____

WORK EXPERIENCE: List work experience which qualifies you for this position and any related experience. List your most recent experience first, **List different positions with the same employer separately** If necessary, attach supplementary sheets. Your present employer will not be contacted without your consent.

DATES OF EMPLOYMENT AND NUMBER OF HOURS PER WEEK ARE VERY IMPORTANT.

<div>SAMPLE</div> <div>Employer <u>Acme Manufacturing Company</u></div> <div>Location <u>100 W. Main Street, Hometown, USA</u></div> <div>Your Title <u>Mechanic Supervisor</u></div> <div>Supervisor's Name <u>Earl Jones, Manager</u></div> <div>Employment: From <u>06 / 71</u> To <u>08 / 75</u> <div>Number hours per week <u>40</u></div></div> <div>Reason for Leaving <u>Moved to Baltimore 3 mechanics and 2 part-time e</u></div> <div>Number and kind of employees you supervised <u>Employees</u></div>	<div>DESCRIBE DUTIES COMPLETELY</div> <div>Oversee cleaning, lubrication and repair of pumps, conveyers valves, blowers and piping systems. Test and inspect machinery for safety and preventative maintenance. Supervise fabrication and replacement of parts. Keep work orders and attendance records. Train new helpers.</div>	<div>OFFICE USE ONLY</div> <div>(DO NOT WRITE IN THIS SPACE)</div>
<div>1. Employer _____</div> <div>Location _____</div> <div>Your Title _____</div> <div>Supervisor's Name _____</div> <div>Employment: From _____ / _____ To _____ / _____ <div>Number hours per week _____</div></div> <div>Reason for Leaving _____</div> <div>Number and kind of employees you supervised _____</div>	<div>_____</div>	<div>OFFICE USE ONLY</div> <div>(DO NOT WRITE IN THIS SPACE)</div>

2. Employer _____

Location _____

Your Title _____

Supervisor's Name _____

Employment: From _____ / _____ To _____ / _____ per week _____

Reason for Leaving _____

Number and kind of employees
you supervised _____

OFFICE USE ONLY
(DO NOT WRITE IN THIS
SPACE)

3. Employer _____

Location _____

Your Title _____

Supervisor's Name _____

Employment: From _____ / _____ To _____ / _____ per week _____

Reason for Leaving _____

Number and kind of employees
you supervised _____

OFFICE USE ONLY
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SPACE)

4. Employer _____

Location _____

Your Title _____

Supervisor's Name _____

Employment: From _____ / _____ To _____ / _____ per week _____

Reason for Leaving _____

Number and kind of employees
you supervised _____

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SPACE)

5. Employer _____
Location _____
Your Title _____
Supervisor's Name _____

Employment: From _____ / _____ To _____ / _____ per week _____

Reason for Leaving _____

Number and kind of employees
you supervised _____

OFFICE USE ONLY
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SPACE)

6. Employer _____
Location _____
Your Title _____
Supervisor's Name _____

Employment: From _____ / _____ To _____ / _____ per week _____

Reason for Leaving _____

Number and kind of employees
you supervised _____

OFFICE USE ONLY
(DO NOT WRITE IN THIS
SPACE)

VETERANS' PREFERENCE

Have you ever served in the U.S. Armed Forces?
Were you a Maryland resident for one year when you entered?
Have you been a Maryland resident for one year since entering the service?

☐ Yes☐ No

☐ Yes☐ No

☐ Yes☐ No

CRIMINAL CONVICTIONS

Have you ever been convicted of any violation of law other than minor traffic violations? ☐ Yes ☐ No

If yes, give date, place of conviction, charge and disposition of each case in the 'Remarks' section below.

NOTE: A conviction does not automatically mean you cannot be appointed. What you were convicted of and how long ago are important.

LANGUAGES

If you know a language other than English please list below and indicate degree of proficiency with a check mark.

Language	High School	College	Second Language

Do you know Sign Language

Yes

No

Do you know Finger Spelling

Yes

No

Do you know Braille?

Yes

No

RECRUITMENT SOURCE

How did you first hear of this examination :

Personal Contact

...

TV or radio

School (Name)

Department of Human Resources Bulletin Board

Department of Human Resources notice

Newspaper (Name)

Web Site

YOU MUST NOTIFY THE DEPARTMENT OF HUMAN RESOURCES IN WRITING IMMEDIATELY UPON CHANGE OF ADDRESS.

DEPARTMENT OF HUMAN RESOURCES RULE 32 WAIVER OF CERTIFICATION

You may avoid having your name removed from the eligible list by advising the Department of Human Resources in writing at the time you receive a letter of eligibility that you want your name certified only to specified departments within the City.

ADDITIONAL INFORMATION AND REMARKS

Use this space to describe any additional information concerning yourself which may affect consideration for employment. You may include any special awards, skills, training or experience (paid or volunteer) that you have or any operation of special machinery or equipment, office skill. work training programs and so forth.

STAPLE ATTACHMENTS TO BACK.